



Application for Spanaway Water Company Payment Arrangement

Return form to: Customer Service | E-mail: CustomerService@spanaway-water.org

Mail: PO Box 1000, Spanaway, WA 98387 | In-Person: 18413 B Street E, Spanaway, WA 98387

Fax: 253-539-9526

In the event a customer has been negatively financially impacted by the COVID-19 pandemic, Spanaway Water Company may extend payment of past-due charges to avoid water shut off. If you have a delinquent balance on your water account and would like additional time to pay your past-due charges, you will be required to complete this form. This completed document is required even if you have previously contacted Spanaway Water Company about a payment extension. Payment Arrangements are not transferrable and will not extend past 12 months. **First installment payment will be due with this agreement.**

Name	
Account Number	
Physical Address	
Phone Number	
Email Address	
Are you the owner or tenant of the property?	
Provide a brief statement explaining how you have been financially impacted by COVID-19	

I certify that the past-due balance on my water bill is a direct result of being financially impacted by COVID-19.

I agree to make payment on the current charges on my water bill by the bi-monthly due date. In addition, I will also pay the minimum monthly past-due charges determined by Spanaway Water Company. It will be my responsibility to contact Spanaway Water Company if I have any questions about my minimum monthly payment. I understand that if I do not keep up with this payment arrangement my account will be subject to penalty fees, shut off fees, water shut off and payment in full may be required to restore service. Copies of payment arrangements made by a tenant will be sent to the property owner. **A separate bill will not be sent for payment arrangements.** The bi-monthly bill will reflect the total amount due, including the payment plan balance.

WARNING: This is a declaration by you made under the penalty of perjury under the laws of the state of Washington. If you are untruthful in completing this form, you may be subject to criminal charges. By signing below, I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct:

Signature & Date: _____

FOR STAFF USE ONLY

Payment Plan Added to Account	Minimum Monthly Past Due Payment	Date Payment Arrangements will be Completed	Signature of Employee Entering Arrangement